

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **18191**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla				c. LENGTH OF STAY (in this place) 16 days		c. CITY OR TOWN Rural-Woodside twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				e. STREET ADDRESS (If rural, give location) 6 miles North of Alton			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) E.		b. (Middle) HARRIS		c. (Last)	
4. DATE OF DEATH May 23, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 8, 1871		9. AGE (in years last birthday) 85		10. IF UNDER 1 YEAR Months Days Hours Mins.		11. IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and State or Foreign Country) Alton, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Robert M. Harris			
13b. MOTHER'S MAIDEN NAME Liza Moore				14. NAME OF HUSBAND OR WIFE Anna Harris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. Spanish-American		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Harris	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 331x			
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from May 7, 1957, to May 23, 1957 , that I last saw the deceased alive on May 23, 1957 , and that death occurred at 7 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. R. Lytle M.D. (Degree or title)				23b. ADDRESS Rolla Mo			
23c. DATE SIGNED 5/23/57				24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
24b. DATE May 23, 1957				24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery			
24d. LOCATION (City, town, or county) (State) Oregon County, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE Clary Funeral Home ADDRESS Alton, Missouri			
DATE REC'D BY LOCAL REG. May 29, 1957				REGISTRAR'S SIGNATURE Nadine L. Stoeck			
25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Bull				ADDRESS Alton, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED.

Phelps County Health Officer,

County File Number 721

Date Filed JUN 4 - 1957

JUN 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.